



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

Email Address: sjordan@gshvin.org

Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$215415416
Outpatient Patient Service Revenue	\$463852071
Total Gross Patient Service Revenue	\$679267487

2. Deductions From Revenue

Contractual Allowance	\$360243521
Other Deductions	\$67668392
Total Deductions	\$427911913

3. Total Operating Revenue

Net Patient Service Revenue	\$251355574
Other Operating Revenue	\$15444431
Total Operating Revenue	\$266800005

4. Operating Expenses

Salaries and Wages	\$102747922	Employee Benefits	\$27443405
Depreciation and Amortization	\$19228345	Interest Expense	\$6134219
Bad Debt	\$20622995	Other Expenses	\$62166719
Total Operating Expenses	\$238343605		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1699184	Total Assets	\$316313908
Net Non-operating Gains over Loss	\$8171358	Total Liabilities	\$133409103

Total Net Gains	\$9870542
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$366338036	\$276589769	\$89748267
Medicaid	\$96596767	\$68068265	\$28528502
Other Government	\$11617087	\$135328	\$11481759
Other State	\$0	\$0	\$0
Other Payers	\$204715597	\$83118551	\$121597046
Total	\$679267487	\$427911913	\$251355574

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$507995	\$880896	\$-372901

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$45622	\$1060689	\$-1015067
Hospital Patients	\$0	\$5029	\$-5029
Community Education	\$0	\$125818	\$-125818

Number of Medical Professionals Trained	358
Number of Hospital Patients Educated	571937
Number of Citizens Exposed to Health Education Messages	81259

Statement Six: Charity Statement

Hospital Charity Charges	\$11701143
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4073168	
HCI Payments	\$0		
Subtotal	\$0	\$4073168	\$-4073168
Medicaid Shortfalls	\$28496046	\$33625335	
Subtotal	\$28496046	\$37698503	\$-9202457
DSH Payments	\$1,400,964		
Subtotal	\$29897010	\$37698503	\$-7801493
Medicare Shortfalls	\$89752819	\$127522270	
Other Government Programs	\$0	\$0	
Total	\$119649829	\$165220773	\$-45570944

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$73853	\$246928	\$-173075
Community Assessment	\$0	\$26000	\$-26000
Provision of Taxes	\$0	\$90626	\$-90626
Other Allocations	\$0	\$162964	\$-162964

Comments

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